

Medical Plan 2006

The election period is from
November 1 to December 5, 2005.



MedicalPlan 2006

**Election Period for Retirees
November 1 - December 5, 2005**

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What's New for 2006?

Your medical plan options for 2006 are:

- 80-percent preferred-provider organization (PPO) option
- Copayment PPO plan
- Consumer-Directed Health Plan (CDHP)

The 90-percent PPO option is no longer available.

There are no changes to the 80-percent, copayment, or CDHP plans for next year. Deductibles, coinsurance, copayments, and all other plan provisions remain the same. Premiums are on page 16.

Which plan is right for you? Only you can decide which plan best meets your health-care and financial needs. One tool that might help you is available at www.bcbst.com. Just click on "Members," then "TVA Coverage," and then "Your Enrollment Options." Then log in using RETNONMED. After you log in, you can select "Compare Your Benefit Options" and compare your costs under the medical plan options available to you for 2006. This site also gives you access to information on average costs of many medical procedures, hospital cost and quality information, and information on medical conditions and prescription drugs.

Important Enrollment Information!

To make sure that you are enrolled in the plan you want for 2006, complete the election form in this book and return it to TVA in the postage-paid envelope. It must be received by December 9, 2005.

If you have coverage in 2005 and do not submit an election form for 2006, you will be enrolled in the 80-percent PPO plan for 2006 with the level of coverage—individual or family—you have in 2005.

Remember that you cannot make changes to your plan after January 1, 2006. If you want coverage under the Copayment plan or under the CDHP for next year, you must make that election by completing the form and returning it by December 9.

Important Information for Retirees and Covered Dependents When They Become Eligible for Medicare

If you are eligible for Medicare or will become eligible for Medicare in the next 12 months (or if you have a covered dependent eligible for or becoming eligible for Medicare), see page 3 for important information about new prescription drug coverage under Medicare and your TVA medical plan coverage.

Important Information for Retirees and Covered Dependents When They Become Eligible for Medicare

When a TVA retiree (or covered dependent) enrolled in one of the TVA-sponsored medical plans available to retirees not yet eligible for Medicare (that is, the 80-percent PPO, Copayment PPO, or Consumer-Directed Health Plan) becomes eligible for Medicare, medical coverage for the retiree (or dependent) must be transferred to TVA's Medicare Supplement plan. Retirees (or dependents) eligible for Medicare cannot continue coverage in the 80-percent, Copayment, or CDHP.

Most people will become eligible for Medicare at age 65, and medical coverage will automatically be transferred to the Medicare Supplement plan at that time. **However, if you become eligible for Medicare before age 65, you must notify TVA's Employee Service Center so that your enrollment can be transferred to the Medicare Supplement plan.** If your spouse or other dependent covered on your medical plan is not yet eligible for Medicare, his or her coverage will continue under the 80-percent PPO, Copayment PPO, or CDHP after your coverage is transferred to the Medicare Supplement plan. Failure to notify TVA of your Medicare eligibility could result in your having to repay the amounts of claims that were paid incorrectly.

When you receive notice of your eligibility for Medicare, be sure to look carefully at Part B. Part B of Medicare provides coverage for physician services and certain other services. If you do not elect Part B when first eli-

gible, you may find yourself without any coverage for physician and other services.

New for 2006

Effective January 1, 2006, Medicare will offer prescription-drug coverage (Part D) to eligible individuals. When you become eligible for Medicare, you will also have an opportunity to enroll in a Part D prescription-drug plan.

TVA retirees, or their dependents, enrolled in TVA's Medicare Supplement plan will receive their Medicare prescription-drug coverage under the TVA Medicare Supplement and will not need to enroll in a separate Part D plan.

The TVA Medicare Supplement plan includes both medical and prescription-drug benefits. Should you decide to cancel your TVA Medicare Supplement coverage to enroll in another Medicare prescription drug plan, you would also be canceling your medical coverage under the TVA Medicare Supplement plan. Coverage for all your dependents would end as well. If you cancel your TVA Medicare Supplement plan, there are limited circumstances and a limited time period under which you could re-enroll in the TVA Medicare Supplement plan. If you have questions about canceling coverage or re-enrolling, you may call TVA's Employee Service Center at 888-275-8094.

Read the following notice carefully and keep it where you can find it should you have questions about prescription-drug coverage when you become eligible for Medicare.

Starting January 1, 2006, prescription drug coverage will be available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans will provide at least a standard level of coverage set by Medicare. Some plans might also offer more coverage for a higher monthly premium.

If you cancel or lose your coverage under the TVA-sponsored medical plans (the 80-percent PPO, Copayment PPO, or CDHP), are eligible for Medicare, and do not enroll in Medicare prescription drug coverage (through TVA's Medicare Supplement plan or another Medicare prescription drug plan) after your TVA coverage ends, you may have to pay more to enroll in Medicare prescription drug coverage later. If after May 15, 2006, you go 63 days or longer without prescription drug coverage that is at least as good as Medicare's prescription drug coverage, your monthly premium for Medicare prescription drug coverage will go up at least 1 percent per month for every month after May 15, 2006 that you did not have that coverage.

Because prescription-drug coverage under TVA-sponsored medical plans is on average at least as good as standard Medicare prescription drug coverage, TVA has determined that your prescription-drug coverage from the TVA plan is creditable and you will not pay a late enrollment penalty when you enroll in TVA's Medicare prescription-drug plan (or any other Medicare prescription-drug plan).

For more information about this notice or your current prescription drug coverage, you may call TVA's Employee Service Center at 865-632-8800, 423-751-8800, or toll-free at 888-275-8094. Note: You may receive this notice at other times in the future, such as before the next Medicare prescription drug enrollment period and if this coverage changes. You may also request a copy.

More detailed information about Medicare plans that offer prescription drug coverage will be available in the "Medicare & You 2006" handbook. If you are eligible for Medicare, you will get a handbook in the mail. You may also be contacted directly by Medicare prescription drug plans. You can get more information about Medicare prescription drug plans from the following:

- Visit www.medicare.gov for personalized help
- Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for the telephone number)
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov, or call 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage after May 15, 2006, you may need to give a copy of this notice when you join to show that you are not required to pay a higher premium amount.

Date	November 1, 2005
Name of Entity/Sender	Tennessee Valley Authority
Contact	TVA Employee Benefits
Address	400 West Summit Hill Drive Knoxville, Tennessee 37902
Phone	TVA Employee Service Center 888-275-8094

2006 General Information and Enrollment Instructions

Welcome to the annual Retiree Medical Plan Election Period. From November 1 through December 5, you may choose the medical plan you want for 2006.

Important Enrollment Information

To make sure that you have the coverage you want for 2006, you must complete the election form included in this book and return it in the postage-paid envelope. TVA's Employee Service Center must receive your election form by December 9, 2005.

If you have medical coverage in 2005 and do not submit an election form by that date, you will be enrolled in the 80-percent PPO plan for 2006 at the level of coverage—individual or family—you have in 2005.

Remember that you cannot change your election after January 1, 2006. If you want coverage in the Copayment PPO plan or the CDHP for next year, you must make that election and return the form by December 9.

If you wish to terminate your TVA coverage, you may do so by completing the election form. Please remember that canceling your coverage in a TVA-sponsored retiree medical plan means that you will not be allowed to enroll in a TVA medical plan in the future.

Remember that it is very important to keep your medical plan enrollment record current.

Be sure to report any change of address.

It is your responsibility to notify TVA's Employee Service Center when a dependent is no longer eligible for medical coverage. If a claim is paid for an ineligible dependent, you may be required to repay the medical plan for the amount of that ineligible payment.

Will you be eligible for Medicare?

When you or a covered dependent becomes eligible for Medicare at age 65, your coverage will automatically be transferred to TVA's Supplement to Medicare plan. Your dependent(s) not eligible for Medicare will remain in the plan you select for next year.

Make sure you notify the Employee Service Center if you or one of your covered dependents becomes eligible for Medicare before reaching age 65 so that your enrollment and premiums can be adjusted correctly.

When you receive notice of your eligibility for Medicare, be sure to look carefully at Part B of Medicare. If you do not elect Part B when first eligible, you may find yourself without any Medicare benefits for physician and other expenses.

Be sure to read the information in this booklet on prescription-drug coverage available when you become eligible for Medicare.

Your Medical Plan Options for 2006

The medical plan options available to you for 2006 are:

- 80-percent PPO plan
- Copayment PPO plan
- Consumer-Directed Health Plan (CDHP)

The 90-percent PPO option will no longer be available.

There are no changes to the 80-percent, copayment, or CDHP options for 2006. The deductibles, coinsurance, copayments, and all other plan provisions remain the same as they are in 2005. Premiums for each plan are shown on page 16.

All of the options include:

Medical benefits administered through Blue Cross Blue Shield of Tennessee. All of the options are PPO plans—that is, they all use the Blue Cross Blue Shield PPO networks that are available nationwide so you have access to PPO network providers no matter where you live or where you are receiving medical care. All of the options cover the same types of medical services—physician, hospital, most durable medical equipment, and so on—but they are covered at different levels with differing deductibles and patient payments in each option.

A \$250 wellness benefit. Each person covered under one of the medical plan options is eligible for plan payments of up to \$250 per calendar year for routine exams. This benefit is not subject to the deductible, and you do not have to pay coinsurance or a copayment for services covered under the wellness benefit. What is covered under the wellness benefit? Any office visit, screening exam (including Pap smears, mammograms, PSA screening test), lab work, or other services in connection with a routine physical. If the services are billed as routine, or preventive, services, the claim(s)

will be processed under the \$250 wellness benefit. If routine or preventive services exceed the \$250 wellness benefit, you are responsible for charges beyond \$250.

Prescription-drug coverage administered by

Medco Health. Your prescription-drug plan allows you to purchase up to a 30-day supply at a local retail pharmacy. It also allows you to purchase up to a 90-day supply of most medications through a home-delivery (or mail-order) pharmacy. Purchasing your maintenance medications through home-delivery saves money for you and for your plan—you can purchase one 90-day supply at less than you would pay for three 30-day supplies.

All of the options for 2006 include a three-tier prescription drug plan—generic, preferred brand (sometimes called formulary), and nonpreferred brand (nonformulary). When you use brand-name drugs, you can save money for yourself and the plan by using preferred-brand drugs. Medco establishes the preferred listing of brand-name drugs based on findings of a committee made up of physicians and pharmacists. The committee reviews the clinical effectiveness of the drugs as well as the cost effectiveness of the drugs to assign preferred status.

To find out if a particular brand-name medication is preferred or not, you may visit Medco's Web site at www.medco.com or call Medco at 800-818-0890. Information on some of the most frequently used brand-name drugs is included in this booklet on page 22. This is the list in effect at time of printing. The list is reviewed by Medco committee twice yearly and is subject to change.

Vision Benefits

Two of the three options for 2006 include vision-care benefits through EyeMed Vision Care. The Consumer-Directed Health Plan does not include vision-care benefits.

Medical Coverage

These medical options are self-funded plans which are administered by Blue Cross Blue Shield of Tennessee. These plans are not true insured plans and the plan administrator has no financial risk for the expenses of these plans. The funds from which claims are paid under these plans are a combination of contributions paid by those covered under the plan and TVA contributions on behalf of those covered. The premiums for these plans are based on the expenses incurred by the members of the plan.

All options cover the same services but at different levels with different deductible amounts as shown on page 8. You will receive greater benefits when using PPO providers (in-network providers). If you use out-of-network providers, benefits will be paid at a lower level and you will pay more out of your pocket for the services you receive, including any charges that are higher than the amounts allowed.

Each option includes an annual allowance of \$250 per person to be used for routine physical expenses. This allowance is not subject to the annual deductible or to coinsurance or copayments. Any routine physical expenses beyond the \$250 allowance are the patient's liability and are not covered by the plan.

Well-baby and well-child care—In addition to the initial in-hospital physician examination at birth, four well-baby exams will be covered in a calendar year before the child's first birthday. Routine immunization will be included with these eligible well-baby exams. The plan will cover two exams between the first and second birthdays, including routine immunizations with each exam. The plan will cover one well-child exam per year between

age 2 and age 6, including routine immunizations covered with each exam.

Routine examinations for children age 6 and older are covered under \$250 wellness benefits.

Each option includes benefits for mental health and substance-abuse treatment, with limits shown on the chart on page 9.

More information on these medical plan options is available at the TVA retiree Web site—www.tvaretirees.com

Prescription Drug Coverage

All options include prescription drug benefits administered by Medco Health. All plans include generic, preferred-brand, and nonpreferred-brand categories of drugs. See page 22 for information on some of the most frequently used brand-name drugs.

Retail purchases—Your Medco identification card allows you to access more than 52,000 retail pharmacies for short-term or emergency prescriptions. Prescriptions for up to a 30-day supply of eligible prescription drugs can be purchased at local pharmacies.

Mail-order purchases—If you are on maintenance medication for a chronic or long-term condition, you should use the home-delivery program. Under this program, you can obtain up to a three-month supply and pay less than you would pay for three one-month supplies purchased at retail. Home delivery saves money for you and the medical plan, in addition to providing convenience and easy refills through mail, telephone, or the Internet at Medco's Web site, www.medcohealth.com.

The Maintenance Medication Refill Program provides that the home-delivery service pharmacy must be used to obtain refills of certain maintenance medications to receive benefits under the plan. Under this program, the prescription plan will cover up to three retail pharmacy purchases of the covered maintenance medications. After three retail purchases of these medications, the home-delivery pharmacy must be used to continue receiving plan benefits for these medications. If these medications

are purchased at a retail pharmacy after the third purchase, the patient will pay the full cost for the medication and will not receive any plan discount or any plan reimbursement for the medication. If you have questions about the home-delivery feature of the prescription-drug plan or if you want a list of the maintenance medications which must be purchased through home delivery after three refills, please call the Employee Service Center at 888-275-8094.

This prescription-drug plan covers only legend drugs—that is, drugs that can only be dispensed with a prescription. The plan does not

cover over-the-counter drugs. The plan does not cover smoking-cessation products, appetite suppressants or other weight-loss medications, or drugs with over-the-counter equivalents.

Vision Coverage

The Copayment PPO plan and 80-percent PPO plan include vision-care benefits. The plan is offered through Eyemed Vision Care and includes a network of providers. Retirees receive a higher level of benefits when network providers are used. Note: The Consumer-Directed plan does not include vision-care benefits.

	In-Network	Out-of-Network
	MEMBER PAYS	MEMBER IS REIMBURSED
Exam with Dilation as Necessary:	\$10 Copay	Up to \$35
Standard Plastic Lenses:		
Single Vision	\$10 Copay	Up to \$25
Bifocal	\$10 Copay	Up to \$40
Trifocal	\$10 Copay	Up to \$55
Basic Progressives	\$10 Copay	Up to \$55
Lenticular	\$10 Copay	Up to \$55
Frames:	\$10 Copay; \$100 Allowance; 80% of retail over \$100	Up to \$45
Lens Options (added to the base price of the lenses):		
UV Coating	\$12	
Tint (Solid and Gradient)	\$12	
Scratch-Resistant	\$12	
Basic Polycarbonate	\$35	
Standard Anti-Reflective	\$45	
Other Add-Ons and Services	20% Off Usual and Customary charges	
Contact Lenses (in lieu of a frame and lenses; includes fit, follow-up & materials):		
Conventional	\$10 Copay; \$115 Allowance; 15% off balance over \$115	Up to \$98
Disposables	\$10 Copay; \$115 Allowance; balance over \$115	Up to \$98
Medically Necessary	\$250 Allowance; balance over \$250	Up to \$200

Frequency	
Examination	Once every 12 months
Frame	Once every 24 months
Lenses	Once every 12 months
Contact Lenses	Once every 12 months

Comparison of Medical Benefit Plans

BENEFITS	C1 COPAYMENT PPO	C2 80% COINSURANCE PPO	C3 CONSUMER-DIRECTED HEALTH CARE
Deductible	No deductible	\$300 Individual/\$600 Family	In-network \$1,000 Individual Contract/\$2,000 Family Contract Out-of-network \$2,000 Individual Contract/\$4,000 Family Contract
Wellness Benefit \$250 per person per calendar year	Routine physical exams not subject to copayment as follows: 4 exams per year birth to age 1; 2 exams between age 1 and age 2; 1 exam per year age 2-6 Age 6 and above – 1 exam per year, subject to \$250 maximum benefit	Routine physical exams not subject to copayment as follows: 4 exams per year birth to age 1; 2 exams between age 1 and age 2; 1 exam per year age 2-6 Age 6 and above – 1 exam per year, subject to \$250 maximum benefit	Routine physical exams not subject to copayment as follows: 4 exams per year birth to age 1; 2 exams between age 1 and age 2; 1 exam per year age 2-6 Age 6 and above – 1 exam per year, subject to \$250 maximum benefit
Physician Services in Physician's Office	In-network \$25 copayment per office visit	In-network covered 80% after deductible	In-network covered 80% after deductible
Specialist referral required	No	No	No
Allergy Services	In-network office visit copay or cost of visit, whichever is less (waived if immunization is only service provided)	In-network covered 80% after deductible – allergy serum 80% after deductible	In-network covered 80% after deductible – allergy serum 80% after deductible
Maternity Services <i>Physician services</i> Prenatal, delivery, postnatal care Neonatal care Well care for newborn in hospital	In-network \$25 copayment (copay applies to initial visit to confirm pregnancy; no charge for other office visits)	In-network covered 80% after deductible	In-network covered 80% after deductible
<i>Inpatient hospitalization</i> Maternity hospitalization	In-network \$500 copayment per admission	In-network covered 80% after deductible	In-network covered 80% after deductible
Approved Hospital Inpatient Services Semi-private room	In-network \$500 copayment per admission	In-network covered 80% after deductible	In-network covered 80% after deductible
Approved Outpatient Services Surgery	In-network \$200 copayment per facility use	In-network covered 80% after deductible	In-network covered 80% after deductible
Diagnostic services	Routine – in-network covered in full Non-routine (e.g., MRI, CT) – in-network \$50 copayment per procedure	In-network covered 80% after deductible	In-network covered 80% after deductible
Emergency Room Services	In-network covered in full after \$100 copayment per visit	In-network covered 80% after deductible	In-network covered 80% after deductible
Emergency Ambulance Services	Covered in full	Covered 80% after deductible	In-network covered 80% after deductible

NOTE: This is a summary of benefits and explains the plans in general terms. Plan documents are available for review from Employee Benefits, Knoxville. For more information on the plan documents, please call the Employee Service Center.

Comparison of Medical Benefit Plans

BENEFITS	C1 COPAYMENT PPO	C2 80% COINSURANCE PPO	C4 CONSUMER-DIRECTED HEALTH CARE
Vision Care	\$10 copay exam every 12 months	\$10 copay exam every 12 months	Not available
Lenses	\$10 copay every 12 months	\$10 copay every 12 months	
Frames (Every 2 years)	\$10 up to \$100 80% amount over \$100	\$10 up to \$100 80% amount over \$100	
Contacts	\$10 up to \$115	\$10 up to \$115	
Approved Durable Medical Equipment	Covered in full after \$200 annual copayment per calendar year	Covered 80% after deductible	Covered 80% after deductible
Approved Prosthetic Devices	Covered in full after \$200 annual copayment per calendar year	Covered 80% after deductible	Covered 80% after deductible
Mental Health/Detoxification			
Inpatient	In-network Substance abuse – \$500 copayment per admission Limit 150 days per lifetime Mental health – \$500 copayment per admission Limit 60 days per calendar year	In-network Covered 80% after deductible Substance abuse maximum of 150 days per lifetime Mental health limit of 60 days per calendar year	In-network Covered 80% after deductible Substance abuse maximum of 150 days per lifetime Mental health limit of 60 days per calendar year
Outpatient	In-network Mental health – Same as physician office copay Limit 60 visits per calendar year Substance abuse outpatient – Same as physician office copay	In-network Covered 80% after deductible – Mental health limit of 60 visits per calendar year Substance abuse maximum of 30 visits per year	In-network Covered 80% after deductible – Mental health limit of 60 visits per calendar year Substance abuse maximum of 30 visits per year
Covered Prescription Drugs <i>Administered through Medco Health</i>			
Generic	\$12 copayment	\$12 copayment	Covered 80% after deductible Minimum of \$12 Maximum of \$100
Preferred Brand	\$24 copayment	\$28 copayment	Covered 80% after deductible Minimum of \$24 Maximum of \$100
Non-Preferred Brand	\$39 copayment	\$43 copayment	Covered 80% after deductible Minimum of \$39 Maximum of \$100
Mail-Order Pharmacy	2x retail copayment for up to a 90-day supply	2x retail copayment for up to a 90-day supply	2x retail minimums and maximums for up to 90-day supply

Copayment PPO Plan

The Copayment PPO plan is available nationwide, so you have access to in-network providers no matter where you live or where you will receive medical care.

The medical portion of the Copayment PPO plan is administered by Blue Cross Blue Shield of Tennessee. The PPO network to be used is the same network used in the current PPO medical plan options. Unlike the other options, however, there is no deductible to be met under the Copayment PPO plan.

When you use in-network providers, you pay fixed-dollar copayments for covered services. You have freedom of choice, however, and you can choose to use providers not in the PPO network. If you use out-of-network providers, the plan will pay benefits for covered medical services at 70 percent of the allowable fee schedule and you will pay 30 percent plus any amount in excess of the allowable fee schedule.

For example:

	In-Network	Out-of-Network
Physician Office Visit	You pay \$25	Plan pays 70%; you pay 30%*
Emergency Room (includes all related charges)	You pay \$100	Plan pays 70%; you pay 30%*
Outpatient Diagnostic Services		
Routine (e.g., EKG, x-ray, lab)	You pay \$0	Plan pays 70%; you pay 30%*
Non-routine (e.g., MRI, CT)	You pay \$50 per procedure	Plan pays 70%; you pay 30%*
Inpatient Hospital Stay (includes all related charges)	You pay \$500	Plan pays 70%; you pay 30%*

* Based on allowable fee schedule

All of your medical plan options for 2006 are PPO plans using Blue Cross PPO networks.

Available PPO networks

Tennessee—Blue Network P

Alabama—Preferred Medical
Doctor

Kentucky—Blue Access

Mississippi—Comprehensive Blue

For other states, the Blue Cross/Blue Card network in that state must be used to receive the in-network level of benefits. To identify a network provider in another state, you may call 800-810-BLUE (2583) or access the Blue Cross Web site at www.bluecares.com/bluecard.

All the options cover a range of medical and surgical services needed for the diagnosis and treatment of illness and injury. For example:

- **Class I** services include hospital/institutional care, home health care, and hospice care.
- **Class II** services include doctor-office visits and services, surgery, maternity care, therapy services, and emergency care.
- **Class III** services include medical equipment and certain routine immunizations.

Your prescription-drug coverage is administered through Medco Health and includes retail and home-delivery benefits as described on page 7. The copayments—amounts to be paid by you at the time of purchase—are:

	Retail (up to 30-day supply)	Home-delivery (up to 90-day supply)
Generic	You Pay \$12	You Pay \$24
Preferred Brand	You Pay \$24	You Pay \$48
Nonpreferred Brand	You Pay \$39	You Pay \$78

Your vision-care benefits will be administered through EyeMed Vision Care. Vision benefits are shown on page 7.

80-Percent PPO Plan

This is the “core” plan available to eligible retirees. If you wish to “buy up” to a plan that pays higher benefits, you may elect the Copayment PPO plan.

The deductibles and the coinsurance are unchanged. The out-of-pocket maximum for in-network services is \$2,500 per individual and \$5,000 per family.

The prescription drug benefits are described on page 7. The copayments you will make at the time of purchase are:

80-PERCENT PPO PLAN		
	Retail (up to 30-day supply)	Home-delivery (up to 90-day supply)
Generic	You Pay \$12	You Pay \$24
Preferred Brand	You Pay \$28	You Pay \$56
Nonpreferred Brand	You Pay \$43	You Pay \$86

The vision benefits under this option are the same as those shown on page 7.

Consumer-Directed Health Plan (CDHP)

The CDHP is a high-deductible plan in which you assume more control of your health-care spending and more financial risk in exchange for lower premiums. After the deductible is met, the CDHP provides 80-percent coverage for prescription drugs and in-network medical services until the out-of-pocket maximum is reached.

Wellness Allowance (\$250 per person)	Employer-Funded Healthcare Reimbursement Account All covered expenses paid in full to account maximum, including medical and prescription drugs \$500 for Individual/\$1,000 for Family (Rollover maximum of \$3,000 for Individual/\$5,000 for Family)* <i>*Unused balance can carry over for future years</i>	In-Network Deductible \$1,000 Individual Contract \$2,000 Family Contract Out-of-Network Deductible \$2,000 Individual Contract \$4,000 Family Contract													
	Gap covered by participant (to meet in-network deductible) \$500 for Individual/\$1,000 for Family														
	Prescription-Drug Coverage Plan pays 80% and participant pays 20% after deductible met *														
	<table><tr><td colspan="2">Minimum to be paid by participant:</td></tr><tr><td>Retail</td><td>\$12 generic \$24 preferred \$39 nonpreferred</td></tr><tr><td>Home-delivery</td><td>\$24 generic \$48 preferred \$78 nonpreferred</td></tr><tr><td colspan="2">Maximum to be paid by participant:</td></tr><tr><td>Retail</td><td>\$100 for any covered drug</td></tr><tr><td>Home-delivery</td><td>\$200 for any covered drug</td></tr></table>			Minimum to be paid by participant:		Retail	\$12 generic \$24 preferred \$39 nonpreferred	Home-delivery	\$24 generic \$48 preferred \$78 nonpreferred	Maximum to be paid by participant:		Retail	\$100 for any covered drug	Home-delivery	\$200 for any covered drug
	Minimum to be paid by participant:														
Retail	\$12 generic \$24 preferred \$39 nonpreferred														
Home-delivery	\$24 generic \$48 preferred \$78 nonpreferred														
Maximum to be paid by participant:															
Retail	\$100 for any covered drug														
Home-delivery	\$200 for any covered drug														
In-Network Medical Plan pays 80%*	Out-of-Network Medical Plan pays 60%* (based on allowable amounts)														
* 100% After Out-of-Pocket Maximum \$4,500 Individual/\$9,000 Family In-Network \$9,000 Individual/\$18,000 Family Out-of-Network															

- TVA provides a fixed amount in the participant's HRA each year. The HRA must be utilized first for any covered medical and prescription drug expenses. The money applies to the participant's deductible.
- If covered expenses exceed the amount of the HRA, the participant is responsible for meeting the remaining amount of the deductible.
- When the deductible has been met, a traditional 80-percent coinsurance plan begins to pay benefits for the remainder of the year, until the out-of-pocket maximum is met.

\$250 Wellness Benefit – The CDHP includes the same wellness benefit as the other plans. This benefit is not subject to the deductible or coinsurance.

Health Reimbursement Account – The HRA is the first source of payment under the CDHP. The HRA is funded by TVA, and all of your covered medical and prescription-drug expenses are paid in full out of this account until the account is empty. The payments from this account apply toward your deductible. If you have an individual contract under the CDHP, TVA places \$500 in the HRA. If you have a family contract under the CDHP, TVA places \$1,000 in the account. If you do not use all of the TVA-provided money in the account, you can roll over any unused amount into the next plan year. The maximum that you can roll over from year to year is \$3,000 for an individual contract and \$5,000 for a family contract.

The “Gap” – After you have exhausted your HRA, you must pay out of your pocket for covered services in the gap in order to meet the remaining amount of your deductible. If you have an individual contract, you must pay \$500 out of your pocket to meet the individual contract in-network deductible. If you have a family contract, you must pay \$1,000 out of your pocket to meet the family contract in-network deductible. Even though you are paying for your covered medical and prescription-drug expenses in full in the gap, it is important that you continue to use your Blue Cross and Medco Health identification cards so that your payments in the gap will be credited toward your deductible.

Deductibles – There are in-network and out-of-network deductibles in the CDHP. The deductibles must be met on a contract basis under a CDHP. That means that if you have a family contract under the CDHP you must meet the entire family deductible before any one in the family receives benefit payments under the plan. The family deductible can be met by one member of the family or it can be met by a combination of charges from any of the covered family members.

After you have satisfied the deductible(s) in the CDHP, you will receive plan benefits for covered medical and prescription-drug expenses.

Prescription-drug coverage in the CDHP is administered through Medco Health and includes the same retail and home-delivery features as the other medical plan options. The CDHP drug plan also includes generic, preferred-brand, and nonpreferred-brand levels of coverage. In the CDHP, however, prescription drugs are covered by the plan at 80 percent, with you paying the remaining 20 percent—subject to the minimum and maximum payments as follows.

If your 20-percent share of a covered drug is less than the minimum shown below, you will pay the minimum amount (or the price of the drug, whichever is less). If your 20-percent share of a covered drug is greater than the maximum shown below, you will pay the maximum amount.

	Retail (up to 30-day supply)	Home-delivery (up to 90-day supply)
Generic	Minimum You Will Pay \$12 Maximum You Will Pay \$100	Minimum You Will Pay \$24 Maximum You Will Pay \$200
Preferred Brand	Minimum You Will Pay \$24 Maximum You Will Pay \$100	Minimum You Will Pay \$48 Maximum You Will Pay \$200
Nonpreferred Brand	Minimum You Will Pay \$39 Maximum You Will Pay \$100	Minimum You Will Pay \$78 Maximum You Will Pay \$200

Some examples of how the prescription-drug coverage works under the CDHP:

Generic, 30-day supply at retail, cost is \$80

20% = \$16

You pay \$16

Preferred Brand, 30-day supply at retail, cost is \$90

20% = \$18 (below minimum)

You pay \$24 (minimum)

Nonpreferred Brand, 90-day supply through home-delivery, cost is \$200

20% = \$40

You pay \$40

Preferred Brand, 90-day supply through home-delivery, cost is \$1,200

20% = \$240

You pay \$200 (maximum)

After you have exhausted your HRA and paid for services in the gap to meet your deductible, medical benefits are payable at 80 percent for in-network PPO services and at 60 percent of the allowable amount for out-of-network PPO services. If you choose to use providers not in the PPO network, you will pay 40 percent of allowable amount plus any charges in excess of the allowable amount.

Out-of-Pocket Maximums - The amounts paid out of your HRA, the amount you pay in the gap, and the coinsurance you pay for prescription drugs and medical services after the deductible is met all count toward your out-of-pocket maximum. Once you have reached the out-of-pocket maximum, the plan pays 100 percent of your covered expenses for the remainder of the calendar year.

The out-of-pocket maximums for in-network services are \$4,500 if you have an individual contract and \$9,000 if you have a family contract. For out-of-network services, the out-of-pocket maximums are \$9,000 for an individual contract and \$18,000 for a family contract.

How The CDHP Works

Assume you have a family contract, with TVA providing \$1,000 in your HRA.

HRA

You and your family members go to the physician and purchase prescription-drugs just as you would normally do, presenting your Blue Cross identification card for physician and hospital services and your Medco identification card for prescription-drug purchases. The claims for these services will be paid in full based on the allowable charges, and the amounts paid will reduce the balance in your HRA.

The \$1,000 in the HRA can be spent all on one member of the family or it can be spent in combination by any of the family members. The HRA must be exhausted before any plan benefits can be paid on any family member. The amount paid out of the HRA will apply toward meeting the family contract deductible.

What if you do not use all the money in your HRA? The CDHP allows you roll over from year to year any unused HRA funds, making that amount available for the following year if you continue coverage in a CDHP. The maximum amount you can roll over is \$3,000 for an individual contract and \$5,000 for a family contract.

The Gap

After the HRA is empty, you must pay in full for all covered medical and prescription-drug purchases for your family. You must continue to present your Blue Cross or Medco identification cards even though you are paying out of your pocket in order to get credit for the amounts you pay and have those payments applied toward your deductible.

After you have paid \$1,000 out of your pocket in the gap you will have met the family contract deductible for in-network services. (There is a separate deductible for out-of-network services as shown on the chart on page 12.)

Plan Benefits

Prescription drugs are paid by the plan at 80 percent after the in-network deductible has been met. If your 20-percent share of the cost is less than the minimum, you will pay the minimum, not to exceed the full cost of the drug. If your 20-percent share is greater than the maximum, you will pay only the maximum.

Hospital, physician, and other covered medical services will be paid at 80 percent if they are received from PPO in-network providers, and you will be responsible for 20 percent. If you use out-of-network providers, the plan will pay 60 percent of the allowable amount, and you will pay 40 percent plus any charge that exceeds the allowable amount.

Out-of-Pocket Maximum

You will continue to pay your share of prescription-drug expenses and covered medical expenses until you reach the out-of-pocket maximum. The payments from your HRA, the amounts you pay in the gap, and your share of prescription-drug and medical expenses all apply toward the out-of-pocket maximums shown on the chart on page 12. If you reach the out-of-pocket maximum, plan benefits are payable at 100 percent (based on in-network and out-of-network usage) for the remainder of the calendar year.

Vision Coverage – The CDHP does not include vision-care benefits.

Your Medical Plan Costs for 2006

The following monthly premiums are the total premiums and do not reflect any pension supplement or contribution you may receive to help offset the cost of your medical coverage.

Remember, if your payment for medical plan coverage is deducted from your monthly pension benefit, you will see a change in the deduction amount on the check you receive at the end of December 2005. This is the deduction for January 2006 coverage.

How Do You Pay Your Premium?

Look closely at the 2006 premium amount for the plan you select. If you are currently having premiums deducted from your monthly pension benefit but your monthly pension will not be large enough for the 2006 premium to be deducted, you must change your method of premium payment to automatic bank-drafting. TVA will review records in early 2006 and will notify you if it appears that your premium can no longer be deducted from your monthly pension benefit. If, however, you want to go ahead and change to automatic bank-drafting, please call TVA's Employee Service Center at 888-275-8094.

Plan Costs

	Individual	Family
Copayment PPO Plan	\$585.00	\$1,068.00
80% PPO Plan	\$498.00	\$862.00
Consumer-Directed Health Plan	\$295.00	\$553.00

To Your Good Health

There are things you can do to maintain your health . . . to improve your health . . . to improve your quality of life.

Routine Screening Exams

All of the medical plan options offer some level of coverage for routine health screenings. To remind you about some of the tests that are important:

Test	For	Recommendation
Mammogram	Breast Cancer	For women over 40, every 1-2 years; first screening exam between 35-39
Pap Smear	Cervical Cancer	Within three years of becoming sexually active or at age 21; at least every three years
PSA	Prostate Cancer	Every year for men over 50; younger if defined as "at risk"
Cholesterol	High Cholesterol	Men over 35 and women over 45 if at risk; some recommend men or women over 20 if at risk
Glucose	Diabetes	If you have high blood pressure or high cholesterol
Bone Density	Osteoporosis	Women over 65 should be screened; screening for women over 60 if at risk
Scope	Colorectal Cancer	Men and women over 50 should have flex sigmoidoscopy every five years or colonoscopy every 10 years

Discuss your individual situation with your physician to determine if you are at risk.

Flu Shots

It's that time of year. The Centers for Disease Control and Prevention recommend annual flu shots for persons age 50 and older. People who have chronic illnesses such as heart disease, lung disease, or kidney disease are especially encouraged to get the shots. The best time to get a flu shot is in October or November.

The CDC also recommends pneumonia immunizations for people under 65 if they have a chronic illness, with a booster vaccine 5-10 years later. It further recommends a pneumonia vaccine for all people over 65 if they have not received one before age 65.

Healthcare Assistance Program

This voluntary and confidential program provides health education, information, support, and assistance to employees, retirees, and their families. Its features include a 24-hour nurse line, a Web site especially designed for TVA's program, and care management programs to provide individual support from specialty nurses to members dealing with chronic medical conditions.

You can reach a nurse 24 hours a day by calling toll-free 877-598-3972 (800-793-7044 TTY).

The Web site address is www.myaccesshealth.com.

The program is administered by SHPS, a nationally recognized provider of care management services, working closely with Blue Cross Blue Shield and Medco Health.

Blue Cross Blue Shield
Health Information Library

www.bcbst.com
800-656-8123

Important Definitions

Copayment, or coinsurance—The amount you pay for services covered by the medical plan once you have paid your deductible.

Eligible dependents

- Your spouse
- Your natural or adopted child who is unmarried and under the age of 19. You must provide at least 50% of the child's support or be required by divorce decree or other court order to provide medical coverage for the child. The child must not be employed on a full-time basis (30 hours or more per week) except during school vacations. Coverage can be continued to the dependent's 25th birthday provided that he or she is a full-time student and satisfies the other conditions listed above.
- A foster child, stepchild, or child of whom you are the legal guardian or for whom you have legal custody, and who is under age 19 and living with you in a regular parent-child relationship. The requirement that the child be living with you in a regular parent-child relationship will be waived if the child is attending school full-time but would otherwise live with you in a regular parent-child relationship. The child must be dependent on you for at least 50% of his or her support and must not be employed on a full-time basis (30 hours or more per week), except during school vacations. Coverage can be continued to the dependent's 25th birthday provided that he or she is a full-time student and satisfies the other conditions listed above.

Fee schedule, or fee for services—Refers to the maximum amount allowed by the insurance carrier or plan administrator as payment for specified covered services.

Out-of-pocket maximum—In the medical plan, the most you pay for covered services during a benefit period. This maximum can be met by a combination of in-network or out-of-network providers' eligible charges. Those do not include any charges in excess of the allowable UCR amount or any penalty paid for a failure to follow preadmission certification requirements. Once you reach the maximum amount, the plan pays 100% of your covered expenses for the rest of the plan year.

Frequent Questions

Do I have to submit an election form to continue my coverage for next year?

TVA encourages you to review the options for 2006 carefully and submit an election form indicating the plan you want for next year.

If you have coverage in 2005 and do not submit an election form for 2006, you will be enrolled in the 80-percent PPO for next year at the level of coverage—individual or family—that you have in 2005. Election forms must be received by December 9, 2005.

If you wish to waive, or terminate, your TVA coverage, you may do so by completing the election form. Please remember that canceling your coverage in a TVA-sponsored retiree medical plan means that you will not be allowed to enroll in a TVA medical plan in the future.

Is this an open enrollment period for all retirees?

No. Retirees not eligible for Medicare who currently participate in TVA's medical plan can choose from the available medical plan options. Retirees who do not now have medical coverage may not elect coverage at this time.

What if I change my mind and want to change my option after the first of the year?

The plan you choose during this election period will remain in effect for all of 2006. You may not change your option during the year. You will be given an opportunity next fall to make an election for 2007.

I'll go on Medicare in 2006. What will happen to coverage for my spouse?

If you become eligible for Medicare at age 65, your coverage will be automatically transferred to TVA's Supplement to Medicare plan. You will receive a new medical plan identification card for the supplement. If your spouse (or any eligible dependent covered on your medical plan) is not yet eligible for Medicare, his or her coverage will continue under the plan you elect for 2006. In that case, your spouse or dependent will receive a new medical plan identification card.

Please remember – If you, your spouse, or an eligible dependent becomes eligible for Medicare before age 65, you must notify the Employee Service Center so that your enrollment and premiums can be adjusted correctly. You must also notify the Employee Service Center if your dependent is no longer eligible for coverage. Failure to provide such information could result in your having to repay the amounts of claims that were paid incorrectly.

Who can answer my questions about the medical plan options?

The Employee Service Center can help you. You can call the Center at 888-275-8094.

Notes:

Preferred Prescriptions® is a formulary list of medications that may be covered under your prescription drug plan.¹ This list was reviewed by an independent group of practicing doctors and pharmacists, and it contains medications made by most pharmaceutical manufacturers. It includes medications for many covered conditions.

SAVING MONEY ON PRESCRIPTIONS

Your plan may prefer some medications over others. These are called *preferred drugs*, and their co-payment is lower.

You may pay:

- Lowest co-payment for generic drugs
- Higher co-payment for preferred brand-name drugs
- Highest co-payment for nonpreferred brand-name drugs

Your doctor may be able to help you save money by prescribing generic and preferred brand-name drugs if appropriate. So be sure to bring this guide with you on every visit to your doctor. Some commonly prescribed nonpreferred drugs are also listed in this guide for your reference.

Please note: This guide does not contain a complete list of preferred and nonpreferred drugs. It only lists the *most commonly prescribed drugs*. For an updated and complete listing of your prescription benefit, you can visit the “Benefit Highlights” section of our website—www.medco.com—and click on the [View your preferred drug list](#) link.

FINDING MEDICATIONS WITH LOWER CO-PAYMENTS

This guide lists medications two ways to help you find some generic, preferred, and nonpreferred brand-name drugs.

SECTION I - ALPHABETICALLY BY DRUG CATEGORY (SUCH AS RESPIRATORY)

Within each category, medications are listed in alphabetical order, with generic, preferred brand-name, and nonpreferred brand-name drugs sorted separately:

- | | |
|----|--|
| G | Means a preferred generic medication |
| P | Means a preferred brand-name medication |
| NP | Means a nonpreferred brand-name medication |

SECTION II - ALPHABETICALLY BY BRAND NAME

After each nonpreferred brand-name drug, you will find possible generic and preferred brand-name alternatives.

SAFETY CONSIDERATION SYMBOLS

Here is a quick guide for you and your doctor, which explains our safety symbols. These symbols appear next to certain medications.

- ↓ Means that a dose lower than the manufacturer’s guidelines is often recommended for people 65 and older.
- ▲ Means that use by people 65 and older is associated with increased risk; safer alternatives may be available. If used, the dosage should generally be lowered.
- ⚠ Means weigh risk of birth defects or other adverse outcomes.
- 🚫 Means do not use in pregnancy.

This information was in effect at the time of printing and may be subject to change.

¹ In some cases, your health plan may not cover certain medications listed in this member guide.

SECTION I: THERAPEUTIC DRUG CATEGORIES

ANTI-INFECTIVES (Antibiotics/Antifungals)		
Oral Penicillins		
G	amoxicillin trihydrate	
G	amoxicillin trihydrate/ potassium clavulanate	
G	ampicillin trihydrate	
G	dicloxacillin sodium	
G	penicillin v potassium	
P	Augmentin Chewable Tablet 125 - 31.25mg, 250 - 62.5mg	
P	Augmentin Suspension 125 - 31.25mg/5, 250 - 62.5mg/5	
P	Augmentin Tablet 250-125mg	
P	Augmentin XR	
NP	Augmentin Chewable Tablet 200 - 28.5mg, 400 - 57mg	
NP	Augmentin ES	
NP	Augmentin Suspension 200 - 28.5mg/5, 400 - 57mg/5	
NP	Augmentin Tablet 500 - 125mg, 875 - 125mg	
NP	Dispermox	
NP	Geocillin	
Oral Tetracyclines		
G	Ⓡdoxycycline hyclate capsule	
G	Ⓡdoxycycline hyclate tablet	
G	Ⓡdoxycycline monohydrate	
G	Ⓡminocycline HCl	
G	Ⓡtetracycline HCl	
P	ⓇVibramycin Suspension	
NP	ⓇAdoxa	
NP	ⓇDoryx	
NP	ⓇDynacin	
NP	ⓇMinocin	
NP	ⓇMonodox	
NP	ⓇPeriostat	
NP	ⓇVibramycin Syrup	
Oral Cephalosporins		
G	cefaclor	
G	cefadroxil hydrate	
G	cefprozime proxetil tablet	
G	cefuroxime axetil tablet	
G	cephalexin monohydrate	
G	cephradine	
P	Ceftin Suspension	
P	Ceftin Tablet 125mg	
P	Lorabid	
P	Omnicef	
NP	Ceclor CD	
NP	Cedax	
NP	Ceftin Tablet 250mg, 500mg	
NP	Cefzil	
NP	Duricef	
NP	Keflex	
NP	Keftab	
NP	Spectracef	
NP	Suprax	
NP	Vantin	
NP	Velosef	
Oral Erythromycins		
G	erythromycin base tablet, enteric coated	
G	erythromycin ethylsuccinate	
G	erythromycin ethylsuccinate/ sulfisoxazole acetyl	
G	erythromycin stearate	
P	Biaxin	
P	Biaxin XL	
P	Zithromax	
NP	EryPed	
NP	PCE	
Oral Quinolones		
G	ciprofloxacin HCl tablet	
G	ofloxacin	
P	Avelox	
P	Cipro Suspension	
P	Cipro Tablet 100mg	
P	Cipro XR	
P	Levaquin	
P	Noroxin	
NP	Cinobac	
NP	Cipro Tablet 250mg, 500mg, 750mg	
NP	Factive	
NP	Floxin	
NP	Maxaquin	
NP	Tequin	
NP	Zagam	
Oral Sulfas		
G	erythromycin ethylsuccinate/ sulfisoxazole acetyl	
G	sulfadiazine	
G	sulfamethoxazole/ trimethoprim	
G	sulfisoxazole	
NP	Bactrim DS	
NP	Gantrisin	
NP	Septa DS	
Oral Urinary Tract Agents		
G	methenamine hippurate	
G	methenamine mandelate	
G	nitrofurantoin macrocrystal	
G	nitrofurantoin/nitrofurantoin macrocrystal	
G	phenazopyridine HCl	
G	trimethoprim	
NP	Hiprex	
NP	Macrobid	
NP	Macrochant	
NP	Monurol	
NP	Neggram	
NP	Primsol	
Oral Antifungal Agents		
G	clotrimazole	
G	fluconazole	
G	griseofulvin ultramicrosize	
G	ketoconazole	
G	nystatin	
P	Ancobon	
P	Fungizone	
P	Grifulvin V Suspension	
P	Lamisil Tablet	
P	Nizoral	
P	Sporanox	
P	ⓇVfend Tablet	
NP	Diflucan	
NP	Fulvicin P/G	
NP	Fulvicin U/F	
NP	Grifulvin V Tablet	
NP	Gris-Peg	
NP	Mycostatin	
NP	Mycelex Troche	
NP	ⓇVfend Suspension	
Oral Miscellaneous Agents		
G	clindamycin HCl	
G	Ⓡneomycin sulfate	
P	Dapsone	
P	Ketek	
P	ⓇTobi Ampul for Nebulization	
P	Zyvox	
NP	Cleocin HCl	
Vaginal Antifungals		
G	fluconazole tablet	
G	miconazole nitrate vaginal suppository	
G	nystatin	
P	Terazol Vaginal Cream with Applicator	
P	Terazol Suppository, Vaginal	
NP	Gynazole-I	

Key:

G = Means a preferred generic medication.

P = Means a preferred brand-name medication.

NP= Means a nonpreferred brand-name medication.

↓ = Means that a dose lower than the manufacturer's guidelines is often recommended for people 65 and older.

▲ = Means that use by people 65 and older is associated with increased risk; safer alternatives may be available. If used, the dosage should generally be lowered.

Ⓡ = Means weigh risk of birth defects or other adverse outcomes.

Ⓡ = Means do not use in pregnancy.

PSYCHOTHERAPEUTICS (Anxiety/Depression)**Hypnotic Agents**

G ↓ chloral hydrate
 G ⚠ ↓ estazolam
 G ⚠▲ flurazepam HCl
 G ⚠ ↓ temazepam
 G ⚠ ↓ triazolam
 P ↓ Ambien
 P ⚠ ↓ Restoril
 P ↓ Sonata
 NP ⚠▲ Dalmane
 NP ⚠▲ Doral
 NP ⚠ ↓ Halcion
 NP ⚠ ↓ ProSom

Tricyclic Antidepressants

G ▲ amitriptyline HCl
 G ▲ amoxapine
 G ▲ clomipramine HCl
 G ↓ desipramine HCl
 G ▲ doxepin HCl
 G ⚠▲ imipramine HCl
 G ↓ nortriptyline HCl
 P ▲ Surmontil
 P ⚠▲ Tofranil-PM
 P ▲ Vivactil
 NP ▲ Anafranil
 NP ▲ Asendin
 NP ↓ Aventyl HCl
 NP ▲ Elavil
 NP ↓ Norpramin
 NP ↓ Pamelor
 NP ▲ Sinequan
 NP ⚠▲ Tofranil

Miscellaneous Antidepressants

G ↓ bupropion HCl tablet
 G ↓ bupropion HCl tablet, sustained action
 G ↓ maprotiline HCl
 G mirtazapine tablet
 G mirtazapine tablet, rapid dissolve
 G ↓ trazodone HCl
 P ↓ Effexor
 P ↓ Effexor XR
 P Remeron SolTab

P ↓ Wellbutrin XL Tablet
 NP ↓ Desyrel
 NP ↓ Ludiomil
 NP Remeron Tablet
 NP ↓ Serzone
 NP ↓ Wellbutrin
 NP ↓ Wellbutrin SR

Antipsychotics

G ↓ chlorpromazine HCl
 G fluphenazine HCl
 G ↓ haloperidol
 G ↓ haloperidol lactate concentrate, oral
 G ↓ loxapine succinate
 G ↓ perphenazine
 G ↓ thiothixene
 G ↓ thiothixene HCl concentrate, oral
 G trifluoperazine HCl
 P Abilify
 P ↓ Clozaril
 P Geodon
 P ↓ Moban
 P Orap
 P ↓ Risperdal
 P ▲ Serentil
 P Seroquel
 P Zyprexa
 P Zyprexa Zydis
 NP Symbyax

Anxiolytics

G ⚠ ↓ alprazolam
 G buspirone HCl
 G ⚠▲ chlordiazepoxide HCl
 G ⚠▲ clorazepate dipotassium
 G ⚠▲ diazepam
 G ⚠ ↓ lorazepam
 G ⚠ ↓ oxazepam
 NP ⚠ ↓ Ativan
 NP Buspar
 NP ⚠▲ Librium
 NP ⚠ Paxipam
 NP ⚠ ↓ Serax
 NP ⚠▲ Tranxene SD

NP ⚠▲ Tranxene T-Tab
 NP ⚠▲ Valium
 NP ⚠ ↓ Xanax
 NP ⚠ ↓ Xanax XR

MAOI Antidepressants

P ↓ Nardil
 P ↓ Parnate

SSRI Antidepressants

G citalopram HBR
 G ↓ fluoxetine HCl
 G ▲ fluvoxamine maleate
 G ↓ paroxetine HCl tablet
 P ↓ Paxil CR
 P ↓ Paxil Suspension
 P Zoloft
 NP ↓ Celexa
 NP Lexapro
 NP ▲ Luvox
 NP ↓ Paxil Tablet
 NP ↓ Prozac
 NP ↓ Prozac Weekly
 NP Sarafem

Key:

G = Means a preferred generic medication.

P = Means a preferred brand-name medication.

NP = Means a nonpreferred brand-name medication.

↓ = Means that a dose lower than the manufacturer's guidelines is often recommended for people 65 and older.

▲ = Means that use by people 65 and older is associated with increased risk; safer alternatives may be available. If used, the dosage should generally be lowered.

⚠ = Means weigh risk of birth defects or other adverse outcomes.

⚠ = Means do not use in pregnancy.

CARDIOVASCULAR (Blood Pressure/Heart/Cholesterol)

Beta Blockers

G	acebutolol HCl
G	atenolol
G	betaxolol HCl
G	bisoprolol fumarate
G	labetalol HCl
G	metoprolol tartrate
G	nadolol
G	pindolol
G	propranolol HCl
G	propranolol HCl capsule, sustained action 24 hr
G	timolol maleate
P	Coreg
P	Inderal LA
P	Innopran XL
P	Normodyne
P	Toprol XL
NP	Cartrol
NP	Corgard
NP	Inderal
NP	Kerlone
NP	Levatol
NP	Lopressor
NP	Sectral
NP	Tenormin
NP	Trandate
NP	Zebeta

Calcium Blockers

G	diltiazem HCl
G	diltiazem HCl capsule, sustained action
G	diltiazem HCl capsule, sustained release 12 hr
G	diltiazem HCl capsule, sustained release 24 hr
G	↓ verapamil HCl
G	↓ verapamil HCl tablet, sustained action
P	Cardizem LA
P	↓ Covera-HS
P	↓ Nimotop
P	↓ Verelan
P	↓ Verelan PM
NP	↓ Calan SR
NP	Cardizem
NP	Cardizem CD
NP	Cardizem SR
NP	↓ Isoptin S.R.
NP	Tiazac

Dihydropyridines

G	nifedipine
G	nifedipine tablet, sustained action
G	nifedipine tablet, sustained release osmotic push
P	Norvasc
P	Sular
NP	Adalat CC
NP	Cardene SR
NP	↓ DynaCirc

NP	↓ DynaCirc CR
NP	↓ Plendil
NP	Procardia XL

Nitroglycerin Patches

G	nitroglycerin patch
P	Nitro-Dur Patch
NP	Deponit Patch
NP	Minitran Patch

Adrenergic Antagonists & Related Drugs

G	clonidine HCl
G	↓ doxazosin mesylate
G	guanfacine HCl
G	▲ methyl dopa
G	↓ prazosin HCl
G	reserpine
G	↓ terazosin HCl
P	Catapres-TTS Patch
NP	↓ Cardura
NP	Catapres
NP	↓ Minipress
NP	Tenex

Angiotensin II Blockers

P	Atacand
P	Atacand HCT
P	Benicar
P	Benicar HCT
P	Cozaar
P	Diovan
P	Diovan HCT
P	Hyzaar
P	Micardis
P	Micardis HCT
NP	Avalide
NP	Avapro
NP	Teveten
NP	Teveten HCT

Antilipemics

G	cholestyramine/aspartame
G	cholestyramine/sucrose
G	fenofibrate, micronized
G	↓ gemfibrozil
G	lovastatin
G	niacin
P	Advicor
P	Altoprev
P	Lipitor
P	↓ Lopid
P	Niaspan
P	Tricor
P	Vytorin
P	Welchol
P	Zetia
P	Zocor
NP	Caduet
NP	Colestid
NP	Crestor
NP	Lescol
NP	Lescol XL
NP	Mevacor
NP	Pravachol
NP	Questran
NP	Questran Light

ACE Inhibitors

G	↓ benazepril HCl
G	↓ captopril
G	enalapril maleate
G	↓ fosinopril sodium
G	↓ lisinopril
G	moexipril HCl
G	quinapril
P	Aceon
P	Altace
NP	↓ Accupril
NP	↓ Capoten
NP	↓ Lotensin
NP	↓ Mavik
NP	↓ Monopril
NP	↓ Prinivil
NP	Univasc
NP	Vasotec
NP	↓ Zestril

Combination Antihypertensives

G	atenolol/chlorthalidone
G	benazepril HCl/ hydrochlorothiazide
G	bisoprolol fumarate/ hydrochlorothiazide
G	captopril/ hydrochlorothiazide
G	enalapril maleate/ hydrochlorothiazide
G	fosinopril/ hydrochlorothiazide
G	hydralazine HCl/ hydrochlorothiazide
G	lisinopril/ hydrochlorothiazide
G	▲ methyl dopa/ hydrochlorothiazide
G	metoprolol/ hydrochlorothiazide
G	propranolol HCl/ hydrochlorothiazide
G	quinapril/ hydrochlorothiazide
G	reserpine/ hydrochlorothiazide
P	Accuretic
P	Lotrel
NP	Capozide
NP	Clorpres
NP	Corzide
NP	Inderide LA
NP	Lexxel
NP	Lopressor HCT
NP	Monopril HCT
NP	Prinzide
NP	Tarka
NP	Tenoretic
NP	Timolide
NP	Uniretic
NP	Vaseretic
NP	Zestoretic
NP	Ziac

Key:

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ENDOCRINE (Diabetes/Hormones/Contraceptives)**Insulin Therapy**

P Humalog, Mix
 P Humulin
 P Lantus
 P NovoLog
 P NovoLog Mix 70/30
 NP Novolin
 NP ReliOn

Oral Hypoglycemics

G acetohexamide
 G ▲ chlorpropamide
 G ↓ glipizide
 G ↓ glipizide tablet, sustained release osmotic push
 G glyburide
 G glyburide/metformin HCl
 G glyburide, micronized
 G metformin HCl
 G metformin HCl tablet, sustained release 24 hr
 G tolazamide
 G tolbutamide
 P Actos
 P Amaryl
 P Avandamet
 P Avandia
 P Metaglip
 P ↓ Prandin
 P Precose
 P Starlix
 NP DiaBeta
 NP Glucophage
 NP Glucophage XR
 NP ↓ Glucotrol
 NP ↓ Glucotrol XL
 NP Glucovance
 NP Glynase
 NP Glyset
 NP Micronase

Blood Glucose Test Strips

G alcohol antiseptic pads
 P Accu-Chek Active Test Strips
 P Accu-Chek Comfort Curve Test Strips
 P Accu-Chek Compact Test Strips
 P Fast Take Test Strips
 P One Touch Test Strips
 P One Touch Ultra Test Strips

P Surestep Pro Test Strips
 P Surestep Test Strips
 P Tracer BG Test Strips

Contraceptive Agents

G ☐ desogestrel-ethinyl estradiol
 G ☐ desogestrel-ethinyl estradiol/ethinyl estradiol
 G ☐ ethynodiol d-ethinyl estradiol
 G ☐ levonorgestrel-ethinyl estradiol
 G ☐ norethindrone
 G ☐ norethindrone a-e estradiol
 G ☐ norethindrone a-e estradiol/ferrous fumarate
 G ☐ norethindrone-ethinyl estradiol
 G ☐ norethindrone-mestranol
 G ☐ norgestimate-ethinyl estradiol
 G ☐ norgestrel-ethinyl estradiol
 P ☐ Alesse
 P ☐ Cyclessa
 P ☐ Demulen
 P ☐ Lo/Ovral
 P ☐ Mircette
 P ☐ Modicon
 P ☐ Nordette
 P ☐ NuvaRing
 P ☐ Ortho Evra
 P ☐ Ortho Micronor
 P ☐ Ortho Tri-Cyclen
 P ☐ Ortho Tri-Cyclen Lo
 P ☐ Ortho-Cept
 P ☐ Ortho-Cyclen
 P ☐ Ortho-Novum
 P ☐ Ovrette
 P ☐ Plan B
 P Seasonale
 P ☐ Triphasil
 P ☐ Yasmin
 NP ☐ Brevicon
 NP ☐ Desogen
 NP ☐ Estrostep Fe
 NP ☐ Levlen
 NP ☐ Levlite
 NP ☐ Loestrin
 NP ☐ Loestrin Fe

NP ☐ Norinyl
 NP ☐ Tri-Levlen
 NP ☐ Tri-Norinyl

Estrogens/Estrogen Combinations

G ☐ estradiol patch, transdermal weekly
 G ☐ estradiol tablet
 G ☐ estropipate
 G ☐ methyltestosterone/estrogens, esterified
 P ☐ Activella
 P ☐ Climara Patch
 P ☐ Combipatch
 P ☐ Estraderm Patch
 P ☐ Estratest
 P ☐ Estratest H.S.
 P ☐ Estring Vaginal Ring
 P ☐ Premarin Tablet
 P ☐ Premarin Vaginal Cream
 P ☐ Premphase
 P ☐ Prempro
 P ☐ Vagifem
 P ☐ Vivelle Patch
 NP ☐ Alora
 NP ☐ Cenestin
 NP ☐ Climara Pro Patch
 NP ☐ Esclim Patch
 NP ☐ Estinyl
 NP ☐ Estrace
 NP ☐ Estratab
 NP ☐ Femhrt
 NP ☐ Femring
 NP ☐ Menest
 NP ☐ Ogen
 NP ☐ Ortho-Prefest

G I (Ulcer)**Ulcer Drugs**

G cimetidine HCl liquid
 G cimetidine tablet
 G famotidine
 G ☐ misoprostol
 G nizatidine
 G omeprazole
 G ranitidine HCl

P Nexium
 P Protonix
 P Zantac Syrup
 NP Aciphex
 NP Axid
 NP ☐ Cytotec
 NP Pepcid
 NP Prevacid

NP Prilosec Rx
 NP Tagamet
 NP Zantac Tablet

Other G I Drugs

G sucralfate tablet
 P Carafate Suspension
 NP Carafate Tablet

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NSAIDs (Pain Relievers)			
NSAIDs			
G	⌘ diclofenac potassium	G	⌘ meclufenamate sodium
G	⌘ diclofenac sodium	G	⌘ nabumetone
G	⌘ etodolac	G	⌘ naproxen
G	⌘ etodolac tablet, sustained release 24 hr	G	⌘ naproxen sodium
G	⌘ flurbiprofen	G	⌘ naproxen sodium tablet, sustained action
G	⌘ ibuprofen	G	⌘ oxaprozin
G	⌘ ▲ indomethacin	G	⌘ piroxicam
G	⌘ ▲ indomethacin capsule, sustained action	G	⌘ sulindac
G	⌘ ketoprofen	G	⌘ tolmetin sodium
G	⌘ ketoprofen capsule, 24 hr sustained release pellets	P	⌘ Lodine
		P	⌘ Lodine XL
		P	⌘ Mobic
		P	⌘ Oruvail
		NP	⌘ Clinoril
		NP	⌘ Daypro
		NP	⌘ ▲ Indocin
		NP	⌘ Motrin
		NP	⌘ Naprelan
		NP	⌘ Relafen
		NP	⌘ Voltaren
		NSAID COX-2 Inhibitors	
		P	Celebrex

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RESPIRATORY (Allergy/Asthma)**Beta Agonists Oral**

G albuterol sulfate
 G albuterol sulfate SR
 G metaproterenol sulfate
 G terbutaline sulfate
 P Volmax
 NP Brethine
 NP Ventolin

Beta Agonist Inhalers

G albuterol aerosol
 G albuterol sulfate solution
 G isoetharine HCl solution
 G metaproterenol sulfate solution
 P Accuneb
 P Foradil
 P Maxair Autohaler
 P Proventil HFA
 P Proventil Inhalation Solution
 P Proventil Inhaler
 P Serevent Diskus
 P Xopenex
 NP Alupent Inhaler
 NP Maxair Inhaler
 NP Tornalate
 NP Ventolin HFA
 NP Ventolin Inhaler

Inhaled Steroids

P Flovent Inhaler
 P Flovent Rotadisk
 P Pulmicort Inhaler
 P Pulmicort Respules
 P QVAR
 P Vanceril
 P Vanceril DS
 NP Aerobid
 NP Aerobid-M
 NP Azmacort
 NP Beclovent

Nasal Corticosteroids

G flunisolide
 P Flonase
 P Nasacort AQ
 P Nasonex
 P Rhinocort Aqua
 NP Nasalide

Miscellaneous Pulmonary Agents

G acetylcysteine vial
 G cromolyn sodium ampul for nebulization

G ipratropium bromide solution
 P Accolate
 P Advair Diskus
 P Atrovent Inhaler
 P Combivent Inhaler
 P Duoneb
 P Intal Inhaler
 P Pulmozyme
 P Singulair
 P Spiriva
 P Tilade Inhaler
 P Tracleer
 NP Atrovent Inhalation Solution
 NP Xolair

Antihistamine/Decongestant Combinations

G carbetapentane tannate/chlorpheniramine tannate
 G carbetapentane tannate/ephedrine tannate/phenylephrine/chlorpheniramine suspension
 G carbetapentane tannate/phenylephrine tannate/chlorpheniramine suspension
 G phenylephrine HCl/phenyltoloxamine citrate/chlorpheniramine
 G phenylephrine HCl/promethazine HCl
 G phenylephrine tannate/chlorpheniramine tannate
 G phenylephrine tannate/diphenhydramine tannate suspension
 G phenylephrine tannate/pyrilamine tannate/chlorpheniramine tablet
 G ▲pseudoephedrine HCl/brompheniramine maleate
 G ▲pseudoephedrine HCl/brompheniramine maleate capsule, sustained release 12 hr
 G ▲pseudoephedrine HCl/brompheniramine maleate capsule, sustained action
 G pseudoephedrine HCl/carbinroxamine maleate

G pseudoephedrine HCl/carbinroxamine maleate tablet, sustained action
 G ▲pseudoephedrine HCl/chlorpheniramine maleate
 G ▲pseudoephedrine HCl/chlorpheniramine maleate capsule, sustained release 12 hr
 G ▲pseudoephedrine HCl/chlorpheniramine maleate liquid
 G pseudoephedrine tannate/chlorpheniramine tannate
 G pseudoephedrine tannate/dexchlorpheniramine tannate
 Allegra-D
 P ▲Deconamine
 P ▲Deconamine SR
 P ▲Histex Liquid
 P ▲Histex SR
 P Respi-Tann
 P Semprex-D
 P Zyrtec-D
 NP Rynatan
 NP Rynatuss
 NP Trinalin

Antihistamines

G carbinroxamine maleate liquid
 G ▲clemastine fumarate
 G cyproheptadine HCl
 G ▲dexchlorpheniramine maleate syrup
 G ▲diphenhydramine HCl
 G ▲hydroxyzine HCl
 G ▲hydroxyzine pamoate
 G promethazine HCl
 P Allegra
 P Astelin Nasal Spray
 P Clarinex RediTabs
 P Clarinex Tablet
 P Histex CT
 P Histex IE
 P Histex PD
 P Zyrtec Chewable Tablet
 P Zyrtec Tablet, Syrup
 NP ▲Atarax
 NP Optimine
 NP Phenergan
 NP ▲Vistaril

MISCELLANEOUS

P Actonel
 P Evista

P Fosamax Solution
 P Fosamax Tablet

P Miacalcin Nasal Spray

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SECTION II: NONPREFERRED DRUGS AND THEIR POSSIBLE PREFERRED ALTERNATIVES

Nonpreferred Product	Possible preferred Products
Aciphex®	omeprazole (generic), Nexium® (AstraZeneca), Protonix® (Wyeth)
Adalat CC®	nifedipine ER tablet, sustained action (generic), Norvasc® (Pfizer), Sular® (First-Horizon)
Adoxa®	doxycycline monohydrate (generic)
Aerobid®	Flovent Inhaler® (GlaxoSmithKline), Pulmicort Inhaler® (AstraZeneca)
Aerobid-M®	Flovent Inhaler® (GlaxoSmithKline), Pulmicort Inhaler® (AstraZeneca)
Alora®	Estraderm® (Novartis), Vivelle® (Novartis), Climara® (Berlex)
Alupent Inhaler®	albuterol (generic), Maxair Autohaler® (3M)
Amoxil®	amoxicillin trihydrate (generic)
Anafranil®	clomipramine HCl (generic)
Anaprox DS®	naproxen sodium (generic)
Ansaid®	flurbiprofen (generic)
Arthrotec®	Celebrex® (Pfizer)
Asendin® 50mg, 100mg	amoxapine (generic)
Atarax®	hydroxyzine HCl (generic)
Ativan®	lorazepam (generic)
Atrovent® solution, non-oral	ipratropium bromide (generic)
Augmentin® chewable tablet 200-28.5mg, 400-57mg	amoxicillin trihydrate/potassium clavulanate (generic)
Augmentin® suspension 200-28.5mg/5, 400-57mg/5	amoxicillin trihydrate/potassium clavulanate suspension (generic)
Augmentin® tablet 500-125mg, 875-125mg	amoxicillin trihydrate/potassium clavulanate (generic)
Augmentin ES®	amoxicillin trihydrate/potassium clavulanate (generic)
Avalide®	Atacand HCT® (AstraZeneca), Benicar HCT® (Sankyo), Diovan HCT® (Novartis), Hyzaar® (Merck), Micardis HCT® (BPI)
Avapro®	Atacand® (AstraZeneca), Benicar® (Sankyo), Cozaar® (Merck), Diovan® (Novartis), Micardis® (BPI)
Aventyl HCl®	nortriptyline HCl (generic)
Axid®	nizatidine (generic)
Azmecort®	Flovent Inhaler® (GlaxoSmithKline), Pulmicort Inhaler® (AstraZeneca)
Bactrim DS®	sulfamethoxazole/trimethoprim (generic)
Beclovent®	Flovent Inhaler® (GlaxoSmithKline), Pulmicort Inhaler® (AstraZeneca)
Biohist-LA®	pseudoephedrine HCl/chlorpheniramine maleate (generic)
Brethine®	terbutaline sulfate (generic)
Brevicon®	Modicon® (Ortho Pharmaceutical)
Buspar®	buspirone HCl (generic)
Butisol Sodium®	chloral hydrate (generic), temazepam (generic), triazolam (generic)
Caduet®	Lipitor® (Pfizer), Norvasc® (Pfizer)
Calan SR®	verapamil HCl tablet, sustained action (generic)
Capoten®	captopril (generic)
Capozide®	captopril/hydrochlorothiazide (generic)
Carafate Tablet®	sucralfate (generic)
Cardene SR®	nifedipine ER tablet, sustained release osmotic push (generic), Norvasc® (Pfizer), Sular® (First-Horizon)
Cardizem®	diltiazem HCl (generic)
Cardizem CD®	diltiazem HCl capsule, sustained release 24 hr (generic)
Cardizem SR®	diltiazem HCl capsule, sustained release 12 hr (generic)
Cardura®	doxazosin mesylate (generic)
Cartrol®	acebutolol HCl (generic), atenolol (generic), metoprolol tartrate (generic), propranolol HCl (generic), propranolol HCl capsule, sustained action 24 hr (generic), timolol maleate (generic)
Cataflam®	diclofenac potassium (generic)
Catapres®	clonidine HCl (generic)
Ceclor CD®	cefaclor (generic), cefuroxime axetil (generic), Omnicef® (Abbott)
Cedax®	cefaclor (generic), cefuroxime axetil (generic), Omnicef® (Abbott)

Nonpreferred Product	Possible preferred Products
Ceftin Tablet® 250mg, 500mg	cefuroxime axetil (generic)
Cefzil®	cefaclor (generic), cefuroxime axetil (generic), Omnicef® (Abbott)
Celexa®	citalopram (generic)
Cenestin®	Premarin® (Wyeth)
Cinobac®	sulfamethoxazole/trimethoprim (generic), trimethoprim (generic), ciprofloxacin HCl (generic), Levaquin® (J&J), Noroxin® (Merck)
Cipro Tablet® 250mg, 500mg, 750mg	ciprofloxacin HCl tablet (generic)
Cleocin HCl®	clindamycin HCl (generic)
Climara Pro®	Combipatch® (Novartis)
Clinoril®	sulindac (generic)
Clorpres®	clonidine HCl (generic), chlorthalidone (generic)
Colestid®	cholestyramine/sucrose (generic), Welchol® (Sankyo)
Corgard®	nadolol (generic)
Corzide®	bisoprolol fumarate/hydrochlorothiazide (generic), propranolol HCl/hydrochlorothiazide (generic)
Crestor®	lovastatin (generic), Lipitor® (Pfizer), Zocor® (Merck)
Cytotec®	misoprostol (generic)
D.A. II®	Deconamine SR® (Bradley)
Dallergy® syrup	pseudoephedrine HCl/brompheniramine maleate (generic)
Dalmane®	flurazepam HCl (generic)
Daypro®	oxaprozin (generic)
Desogen®	Ortho-Cept® (Ortho Pharmaceutical)
Desyrel®	trazodone HCl (generic)
DiaBeta®	glyburide (generic)
Dilacor XR®	diltiazem XR (generic)
Dispermox®	amoxicillin trihydrate suspension (generic), amoxicillin trihydrate chewable tablet (generic)
Doral®	temazepam (generic), triazolam (generic), Ambien® (Sanofi), Sonata® (Wyeth), Restoril® (Mallinckrodt)
Doryx®	doxycycline hyclate (generic)
Duricef®	cefadroxil hydrate (generic)
Dynacin®	minocycline HCl (generic)
DynaCirc®	nifedipine ER tablet, sustained release osmotic push (generic), Norvasc® (Pfizer), Sular® (First-Horizon)
DynaCirc CR®	nifedipine ER tablet, sustained release osmotic push (generic), Norvasc® (Pfizer), Sular® (First-Horizon)
EC-Naprosyn®	naproxen (generic)
Elavil®	amitriptyline HCl (generic)
Enduronyl®	reserpine/hydrochlorothiazide (generic)
Enduronyl Forte®	reserpine/hydrochlorothiazide (generic)
EryPed Chewable Tablet® 200mg	erythromycin ethylsuccinate (generic)
EryPed Suspension® 400mg/5ml	erythromycin ethylsuccinate (generic)
Esclim®	estradiol tablets (generic), estradiol transdermal patch (generic)
Estinyl®	estradiol (generic), estropipate (generic), Premarin® (Wyeth)
Estrace Tablet®	estradiol (generic)
Estrace Vaginal Cream®	Premarin Vaginal Cream® (Wyeth)
Estratab®	estradiol (generic), estropipate (generic), Premarin® (Wyeth)
Estrogel®	estradiol patch (generic), Climara Patch® (Berlex), Estraderm Patch® (Novartis), Vivelle Patch® (Novartis)
Estrostep Fe®	desogestrel-ethinyl estradiol (generic), desogestrel-ethinyl estradiol/ethinyl estradiol (generic), norethindrone a-e estradiol/ferrous fumarate (generic), Cyclessa® (Organon), Mircette® (Organon), Ortho-Cept® (Ortho Pharmaceutical)
Factive®	ofloxacin (generic), Avelox® (Schering), Levaquin® (J&J)
Feldene®	piroxicam (generic)
Femhrt®	Activella® (Novo Nordisk), Premphase® (Wyeth), Prempro® (Wyeth)
Femring®	Estring® (Pfizer), Premarin Vaginal Cream® (Wyeth)
Floxin®	ofloxacin (generic)

Nonpreferred Product	Possible Preferred Products
Fortamet® tablet, SR osmotic push 24 hr	metformin HCl ER tablet, sustained release 24 hr (generic), metformin HCl tablet (generic)
Fulvicin P/G®	griseofulvin ultramicrosize (generic), ketoconazole (generic), Lamisil® (Novartis), Nizoral® (Janssen), Sporanox® (Janssen)
Fulvicin U/F®	griseofulvin ultramicrosize (generic), ketoconazole (generic), Lamisil® (Novartis), Nizoral® (Janssen), Sporanox® (Janssen)
Gantrisin®	sulfisoxazole (generic)
Geocillin®	ciprofloxacin HCl (generic)
Glucophage®	metformin HCl (generic)
Glucophage XR®	metformin HCl ER tablet, sustained release 24 hr (generic), metformin HCl tablet (generic)
Glucotrol®	glipizide (generic)
Glucotrol XL®	glipizide ER (generic)
Glucovance®	glyburide/metformin HCl (generic)
Glynase®	glyburide, micronized (generic)
Glyset®	Precose® (Bayer)
Grifulvin V Tablet®	griseofulvin ultramicrosize (generic), ketoconazole (generic), Lamisil® (Novartis), Nizoral® (Janssen), Sporanox® (Janssen)
Gris-Peg®	griseofulvin ultramicrosize (generic), ketoconazole (generic), Lamisil® (Novartis), Nizoral® (Janssen), Sporanox® (Janssen)
Guanabenz Acetate®	clonidine HCl (generic), methyldopa (generic)
Gynazole-I®	fluconazole (generic), Terazol® (Ortho Pharmaceutical)
Halcion®	triazolam (generic)
Hiprex®	methenamine hippurate (generic)
Hylorel®	clonidine HCl (generic), methyldopa (generic)
Inderal®	propranolol HCl (generic)
Inderide LA®	propranolol HCl/hydrochlorothiazide (generic), Lopressor HCT® (Novartis)
Indocin®	indomethacin (generic)
Isoptin S.R.®	verapamil HCl tablet, sustained action (generic)
Keflex®	cephalexin monohydrate (generic)
Keftab®	cephalexin monohydrate (generic)
Kerlone®	betaxolol HCl (generic)
Lescol®	lovastatin (generic), Lipitor® (Pfizer), Zocor® (Merck)
Lescol XL®	lovastatin (generic), Lipitor® (Pfizer), Zocor® (Merck)
Levato®	acebutolol HCl (generic), atenolol (generic), metoprolol tartrate (generic)
Levlen®	Nordette® (Monarch)
Levlite®	aviane (generic), lessina (generic), Alesse® (Wyeth)
Lexapro®	citalopram (generic), fluoxetine HCl (generic), paroxetine HCl (generic), Paxil CR® (GlaxoSmithKline), Zoloft® (Pfizer)
Lexapro Solution®	citalopram solution (generic), fluoxetine HCl solution (generic), Paxil Suspension® (GlaxoSmithKline)
Lexxel®	Lotrel® (Novartis)
Librium®	chlordiazepoxide HCl (generic)
Loestrin®	junel (generic), microgestin (generic)
Loestrin FE®	junel fe (generic), microgestin fe (generic)
Lopressor®	metoprolol tartrate (generic)
Lotensin®	benazepril HCl (generic)
Lotensin HCT®	benazepril HCl/hydrochlorothiazide (generic)
Ludiomil®	maprotiline HCl (generic)
Luvox®	fluvoxamine maleate (generic)
Macrobid®	nitrofurantoin monohyd macro (generic)
Macrodantin®	nitrofurantoin macrocrystal (generic)
Mandelamine®	methenamine mandelate (generic)
Mandelamine Hafgrams®	methenamine mandelate (generic)
Mavik®	benazepril HCl (generic), enalapril maleate (generic), lisinopril (generic), Aceon® (Solvay Pharmaceuticals), Altace® (Monarch)

Nonpreferred Product	Possible Preferred Products
Maxair®	Maxair Autohaler® (3M)
Maxaquin®	ciprofloxacin HCl (generic), Avelox® (Schering), Levaquin® (J&J)
Mellaril®	chlorpromazine HCl (generic), haloperidol (generic), Risperdal® (Janssen), Seroquel® (AstraZeneca), Abilify® (Otsuka America)
Menest®	estradiol (generic), estropipate (generic), Premarin® (Wyeth)
Menostar Patch®	Climara Patch® (Berlex), Vivelle Patch® (Novartis)
Mescolor®	pseudoephedrine HCl/chlorpheniramine maleate (generic), pseudoephedrine HCl/chlorpheniramine maleate capsule, sustained release 12 hr (generic), pseudoephedrine HCl/brompheniramine maleate (generic), Deconamine SR® (Bradley)
Mevacor®	lovastatin (generic)
Micronase®	glyburide (generic)
Minipress®	prazosin HCl (generic)
Minitran Patch®	nitroglycerin patch (generic), Nitro-Dur Patch® (Schering)
Minocin®	minocycline HCl (generic)
Monistat 3 Vaginal Suppository®	miconazole 3 vaginal suppository (generic)
Monodox®	doxycycline monohydrate (generic)
Monopril®	fosinopril sodium (generic)
Monopril HCT®	benazepril HCl/hydrochlorothiazide (generic), enalapril maleate/hydrochlorothiazide (generic), lisinopril/hydrochlorothiazide (generic)
Monurol®	sulfamethoxazole/trimethoprim (generic), trimethoprim (generic), ciprofloxacin HCl (generic), Noroxin® (Merck)
Motrin®	ibuprofen (generic)
Mycostatin Lozenge®	clotrimazole troche (generic)
Nalex-A®	Deconamine SR® (Bradley)
Nalfon®	etodolac (generic), ibuprofen (generic), indomethacin (generic), meclizolam sodium (generic), naproxen (generic), sulindac (generic)
Naprelan®	naproxen sodium (generic)
Naprosyn®	naproxen (generic)
Nasalide®	flunisolide (generic)
Neggram®	sulfamethoxazole/trimethoprim (generic), trimethoprim (generic), ciprofloxacin HCl (generic), Noroxin® (Merck)
Nembutal Sodium®	chloral hydrate (generic), temazepam (generic), triazolam (generic)
Nitrek Patch®	nitroglycerin patch (generic), Nitro-Dur Patch® (Schering)
Norinyl®	Ortho-Novum® (Ortho Pharmaceutical)
Norpramin®	desipramine HCl (generic)
Novolin®	Humulin® (Eli Lilly)
Ogen®	estropipate (generic)
Optimine®	clemastine fumarate (generic), hydroxyzine HCl (generic), Allegra® (Aventis), Clarinex® (Schering), Zyrtec® (Pfizer)
Orinase®	tolbutamide (generic)
Ortho-Prefest®	Activella® (Novo Nordisk), Premphase® (Wyeth), Prempro® (Wyeth)
Ovcon®	Ortho-Novum® (Ortho Pharmaceutical)
Ovcon Chewable Tablet®	norethindrone-ethinyl estradiol tablet 0.5-0.035 (generic), Modicon® (Ortho Pharmaceutical)
Ovral®	norgestrel-ethinyl estradiol (generic)
Pamelor®	nortriptyline HCl (generic)
Paxil Tablet®	paroxetine HCl (generic)
Paxipam®	oxazepam (generic), diazepam (generic), lorazepam (generic), clorazepate dipotassium (generic)
PCE®	erythromycin base (generic)
Pediatex®	carbinoxamine maleate (generic)
Penetrex®	sulfamethoxazole/trimethoprim (generic), trimethoprim (generic), ciprofloxacin HCl (generic), Levaquin® (J&J), Noroxin® (Merck)
Pepcid Suspension®	cimetidine HCl liquid (generic), Zantac Syrup® (GlaxoSmithKline)

Nonpreferred Product	Possible Preferred Products
Pepcid Tablet®	famotidine (generic)
Periostat®	doxycycline hyclate (generic)
Pexeva®	paroxetine HCl (generic)
Phenergan®	promethazine HCl (generic)
Placidyl®	chloral hydrate (generic), temazepam (generic), triazolam (generic)
Plendil®	nifedipine ER tablet, sustained release osmotic push (generic), Norvasc® (Pfizer), Sular® (First-Horizon)
Polaramine®	clemastine fumarate (generic), hydroxyzine HCl (generic), Allegra® (Aventis), Clarinex® (Schering), Zyrtec® (Pfizer)
Postel®	etodolac (generic), ibuprofen (generic), indomethacin (generic), meclizolamine sodium (generic), naproxen (generic), sulindac (generic)
Pravachol®	lovastatin (generic), Lipitor® (Pfizer), Zocor® (Merck)
Prevacid®	omeprazole (generic), Nexium® (AstraZeneca), Protonix® (Wyeth)
Prevacid Suspension®	omeprazole (generic), Nexium® (AstraZeneca), Protonix® (Wyeth)
Preven®	Plan B® (Duramed/Barr)
Prilosec Rx®	omeprazole (generic), Nexium® (AstraZeneca), Protonix® (Wyeth)
Primisol®	trimethoprim (generic)
Prinivil®	lisinopril (generic)
Prinzide®	lisinopril/hydrochlorothiazide (generic)
Procardia XL®	nifedipine ER tablet, sustained release osmotic push (generic)
ProSom®	eszopiclone (generic)
Prozac®	fluoxetine HCl (generic)
Prozac Weekly®	fluoxetine HCl (generic)
Questran®	cholestyramine/sucrose (generic)
Questran Light®	cholestyramine/aspartame (generic)
Ranitor® tablet, chewable	cefprozil suspension (generic), cefprozil capsule (generic)
Relafen®	nabumetone (generic)
ReliOn®	Humulin® (Eli Lilly)
Remeron Tablet®	mirtazapine (generic), Remeron SolTab® (Organon)
Riomet Solution®	metformin HCl (generic)
Rynatan®	pseudoephedrine HCl/chlorpheniramine maleate (generic), pseudoephedrine HCl/brompheniramine maleate (generic)
Rynatuss® tablet	Deconamine SR® (Bradley)
Seconal Sodium®	chloral hydrate (generic), temazepam (generic), triazolam (generic)
Sectral®	acebutolol HCl (generic)
Septra DS®	sulfamethoxazole/trimethoprim (generic)
Serax®	oxazepam (generic)
Serzone®	fluoxetine HCl (generic), paroxetine HCl (generic)
Sinequan®	doxepin HCl (generic)
Spectracef®	cefprozil (generic), cefuroxime axetil (generic), Omnicef® (Abbott)
Suprax®	cefuroxime axetil (generic), Omnicef® (Abbott)
Symbyax®	fluoxetine HCl (generic), Zyprexa® (Eli Lilly), Abilify® (Otsuka America), Risperdal Tablet® (Janssen), Seroquel® (AstraZeneca)
Tagamet®	cimetidine (generic)
Tanafed®	Deconamine® (Bradley), pseudoephedrine HCl/carbinoxamine maleate (generic)
Tarka®	Lotrel® (Novartis)
Tenex®	guanfacine HCl (generic)
Tenoretic®	atenolol/chlorthalidone (generic)
Tenormin®	atenolol (generic)
Tequin®	Avelox® (Schering), Levaquin® (J&J)
Teveten®	Atacand® (AstraZeneca), Benicar® (Sankyo), Cozaar® (Merck), Diovan® (Novartis), Micardis® (BIP)

Nonpreferred Product	Possible Preferred Products
Teveten HCT [®]	Atacand HCT [®] (AstraZeneca), Benicar HCT [®] (Sankyo), Diovan HCT [®] (Novartis), Hyzaar [®] (Merck), Micardis HCT [®] (BIPi)
Thioridazine HCl [®]	chlorpromazine HCl (generic), haloperidol (generic), Risperdal [®] (Janssen), Seroquel [®] (AstraZeneca), Abilify [®] (Otsuka America)
Tiazac [®] 120mg, 180mg, 240mg, 300mg, 360mg	diltiazem HCl capsule, sustained release 24 hr (generic)
Tiazac [®] 420mg	Cardizem LA [®] (Biovail)
Timolide [®]	atenolol/chlorthalidone (generic)
Tofranil [®]	imipramine HCl (generic)
Toradol [®]	etodolac (generic), ibuprofen (generic), indomethacin (generic), meclofenamate sodium (generic), naproxen (generic), sulindac (generic)
Tornalate [®]	albuterol (generic), Proventil HFA [®] (Schering), Xopenex [®] (Sepracor)
Trandate [®]	labetalol HCl (generic)
Tranxene SD [®]	clorazepate dipotassium (generic)
Tranxene T-Tab [®]	clorazepate dipotassium (generic)
Tri-Levlen [®]	Triphasil [®] (Wyeth)
Tri-Norinyl [®]	Ortho-Novum [®] (Ortho Pharmaceutical), Triphasil [®] (Wyeth)
Uniretic [®]	benazepril HCl/hydrochlorothiazide (generic), enalapril maleate/hydrochlorothiazide (generic), lisinopril/hydrochlorothiazide (generic), Accuretic [®] (Pfizer)
Univasc [®]	moexipril HCl (generic)
Valium [®]	diazepam (generic)
Vantin Suspension [®]	cefaclor suspension (generic), Omnicef Suspension [®] (Abbott)
Vantin Tablet [®]	cefepodoxime proxetil tablet (generic)
Vaseretic [®]	enalapril maleate/hydrochlorothiazide (generic)
Vasotec [®]	enalapril maleate (generic)
Velosef [®]	cephradine (generic)
Ventolin [®]	albuterol (generic)
Ventolin HFA [®]	Proventil HFA [®] (Schering)
Vfend Suspension [®]	Vfend Tablet [®] (Pfizer)
Vibramycin Syrup [®]	Vibramycin Suspension [®] (Pfizer)
Vistaril [®]	hydroxyzine pamoate (generic)
Voltaren [®]	diclofenac sodium (generic)
Voltaren-XR [®]	diclofenac sodium tablet, enteric coated (generic)
Wellbutrin [®]	bupropion HCl (generic)
Wellbutrin SR [®]	bupropion HCl tablet, sustained release (generic), bupropion HCl tablet (generic), Wellbutrin XL [®] (GlaxoSmithKline)
Wyntensin [®]	clonidine HCl (generic), methyl dopa (generic)
Xanax [®]	alprazolam (generic)
Xanax XR [®]	alprazolam (generic)
Zagam [®]	ciprofloxacin HCl (generic), Avelox [®] (Bayer), Levaquin [®] (J&J)
Zantac [®]	ranitidine HCl (generic)
Zebeta [®]	bisoprolol fumarate (generic)
Zestoretic [®]	lisinopril/hydrochlorothiazide (generic)
Zestril [®]	lisinopril (generic)
Ziac [®]	bisoprolol fumarate/hydrochlorothiazide (generic)

Notice of Privacy Practices

LEGAL OBLIGATIONS

The group health plan (the Plan) sponsored by the Tennessee Valley Authority (TVA) is required by the Health Insurance Portability and Accountability Act of 1996, commonly referred to as HIPAA, to maintain the privacy of all protected health information (PHI) in accordance with HIPAA; provide this notice of privacy practices to all enrollees; inform enrollees of our legal obligations with respect to their PHI; and advise enrollees of additional rights concerning their PHI. The Plan must follow the privacy practices contained in this notice from its effective date of April 14, 2003, and continue to do so until this notice is changed or replaced. As used in this notice, the Plan means the self-insured health plans sponsored by TVA for the payment of medical, dental, or prescription drug and vision claims. The Plan also includes the self-referral Employee Assistance Program to the extent you request medical services under it, the health care flexible spending account to the extent that you maintain one to help reimburse medical expenses, the Live Well Health Check Program, and the TVA-sponsored Disease Management Program.

Since 1974, TVA has maintained its records under the Federal Privacy Act, which requires TVA to protect employees' personal information. The requirements under HIPAA reinforce TVA's current practices relating to the protection of employees' personal information.

HIPAA privacy requirements are related to PHI. PHI includes all individually identifiable health information transmitted or maintained by the Plan, regardless of the form (oral, written, or electronic).

The Plan reserves the right to change its privacy practices and the terms of this notice at any time, provided applicable law permits the changes. Any changes made in these privacy practices will be effective for all PHI that is maintained, including information created or received before the changes were made. All present enrollees of the Plan and all past enrollees for whom the Plan still maintains PHI will be notified of any material changes by receiving a new Notice of Privacy Practices.

You may request a copy of this Notice of Privacy Practices at any time by contacting the Tennessee Valley Authority group health plan at 400 W. Summit Hill Drive, ET 8C-K, Knoxville, Tennessee 37902.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Treatment, Payment and Health Care Operations

Your PHI may be used and disclosed by the Plan or its business associates for treatment, payment, and health care operations without your authorization.

Treatment: Treatment generally means the provision, coordination or management of health care. For example, the Plan may disclose information to a doctor or hospital that asks for it for purposes of your medical treatment.

Payment: Payment generally encompasses the activities of the Plan to fulfill its coverage responsibilities and to provide benefits on your behalf. For example, information on Plan coverage and benefits may be used or disclosed to pay claims for services provided to you by doctors or hospitals which are covered under your health insurance policy.

Health Care Operations: Health Care Operations generally means the activities which the Plan must undertake to operate the Plan and to support your treatment and the payment of your claims. For example, PHI may be used and disclosed to conduct quality assessment and improvement activities, to engage in care coordination, to provide disease management or case management, and to pursue rights of recovery and subrogation.

OTHER USES AND DISCLOSURES FOR WHICH AUTHORIZATION IS NOT REQUIRED

Your PHI may also be used or disclosed by the Plan without your authorization under the following circumstances:

Disclosures to Family and Friends: Your PHI may be disclosed under certain circumstances to family members, other relatives and your close personal friends who can reasonably demonstrate that they are involved with your care or payment for that care if the information is directly relevant to such involvement or payment. If you do not wish any particular family member, relative or friend to receive any of your information, you may send a letter to us, at the address listed at the end of this notice, making this request.

Plan Sponsors: Your PHI and that of others enrolled in the Plan may be disclosed to the Plan's sponsor, TVA, so that it can assist in the administration of the Plan.

Research: Your PHI may be used or disclosed for research purposes in limited circumstances.

As Required by Law: Your PHI may be used or disclosed as required by law. For example, PHI must be disclosed to the U.S. Department of Health and Human Services upon request for purposes of determining the Plan's compliance with Federal privacy laws.

Court or Administrative Order: PHI may be disclosed in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances.

Health or Safety: PHI may be released to the extent necessary to avert a serious and imminent threat to your health or safety or to the health or safety of others under certain circumstances.

Health Oversight and Law Enforcement Activities: PHI may be disclosed to Health Oversight agencies for oversight activities, including TVA's Office of Inspector General, and Law Enforcement agencies for law enforcement purposes, under certain circumstances.

Public Health Activities: PHI may be disclosed to public health authorities for purposes of certain public health activities. PHI may also be used or disclosed under certain circumstances if you have been exposed to a communicable disease or are at risk of spreading a disease or condition.

Abuse or Neglect: Your PHI may be disclosed when authorized by law to report information about abuse, neglect or domestic violence to public authorities if there exists a reasonable belief that you may be a victim of abuse, neglect or domestic violence.

Coroners and Funeral Directors: PHI may be disclosed to a coroner or medical examiner under certain circumstances. PHI may also be disclosed to a funeral director as necessary to carry out their duties with respect to the decedent.

Specialized Government Functions: PHI of Armed Forces personnel may be disclosed to Military authorities under certain circumstances. PHI may be disclosed under certain circumstances to authorized Federal officials for the conduct of lawful intelligence, counter-intelligence and other national security activities and for the provision of protective services to the President and other authorized officials.

Workers' Compensation: PHI may be disclosed as authorized by and to the

extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

USES AND DISCLOSURES PURSUANT TO AUTHORIZATION

Written Authorizations: You may provide written authorization to use your PHI or to disclose it to anyone for any purpose. You may revoke this authorization in writing at any time, but this revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give written authorization, we cannot use or disclose your PHI for any reason except those described in this notice.

Psychotherapy Notes: Except under certain circumstances, your written authorization must be obtained before the Plan will use or disclose psychotherapy notes about you from your psychotherapist. The Plan may use and disclose such notes when needed by the Plan to defend against you in litigation filed by you.

INDIVIDUAL RIGHTS

You have the right to look at or get copies of your PHI, with limited exceptions. You must make the request in writing to obtain access to your PHI. You may obtain a form to request access by using the contact information at the end of this notice, or you may send a letter to us, at the address listed at the end of this notice, requesting access to your PHI. If you request copies of your PHI, you will be charged a reasonable fee for the copies and postage if you want the copies mailed to you. You may also request information from our plan administrators (e.g., BlueCross BlueShield of Tennessee, CIGNA, Medco Health, etc.), who maintain information regarding claims, diagnoses, and treatment in order to pay your claims.

You have the right to receive an accounting of the disclosures of your PHI by the Plan or by a business associate of the Plan. This accounting will list each disclosure that was made of your PHI to anyone other than you or someone authorized by you for any reason, other than treatment, payment, healthcare operations and certain other activities not subject to an accounting as set forth in HIPAA, since the earlier of April 14, 2003 or six (6) years prior to the date of the request. This accounting will include the date the disclosure was made, the name of the person or entity the disclosure was made to, a description of the PHI disclosed, the reason for the disclosure, and certain other information. You may also request an accounting of disclosures from our plan administrators.

You have the right to request restrictions on the Plan's use or disclosure of your PHI. While we will consider all requests for restrictions carefully, we are not required to agree to all requests. You may also request this of our plan administrators.

You have the right to request confidential communications about your PHI by alternative means or alternative locations. While we will consider reasonable requests carefully, we are not required to agree to all requests. You may also request this of our plan administrators.

You have the right to request that the Plan amend your PHI. **Your request must be in writing, and it must explain why the information should be amended.** The Plan may deny your request if the PHI you seek to amend was not created by the Plan, if the PHI is accurate and complete, or for certain other reasons. You may also request this of our plan administrators.

Your rights may be exercised through a personal representative. Your personal representative will be required to provide evidence of authority to act on your behalf. Once this has been determined, except under certain limited circumstances, the personal representative will have all the rights you have as listed above.

QUESTIONS AND COMPLAINTS

If you want more information concerning the Plan's privacy practices or have questions or concerns, please contact the Complaint Official listed below.

If you are concerned that the Plan has violated your privacy rights, or you disagree with a decision made about access to your PHI, or in response to a request you made to amend or restrict the use or disclosure of your PHI or to have us communicate with you by alternative means or at alternative locations, you may file a complaint with us using the contact information below. You may also submit a written complaint to the U.S. Department of Health and Human Services if you believe that your privacy rights have been violated. The address to file a complaint with the U.S. Department of Health and Human Services will be provided upon request.

The Plan supports your right to protect the privacy of your PHI. There will be no retaliation in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Privacy Official:
Senior Manager, Employee Benefits
400 W. Summit Hill Drive, ET 8D
Knoxville, Tennessee 37902

Complaint Official:
Senior Medical Benefits Consultant
400 W. Summit Hill Drive, ET 8D
Knoxville, Tennessee 37902

Or call the TVA Employee Service Center at 1-888-275-8094.

PRIVACY ACT STATEMENT

TVA Benefit Plans

ENROLLMENT AND ADMINISTRATION

The information requested in the forms you complete and return to the human resources department becomes part of the TVA Personnel Files or Medical Records Privacy Act systems of records (TVA-2 or TVA-9). Authority for maintenance of these systems of records is provided by the Tennessee Valley Authority Act of 1933 (16 U.S.C. 831-831dd).

In order for TVA to enroll you in the benefit plans and administer your benefits, you are asked to provide all of the requested information and any supporting documentation. Compliance is voluntary, but failure to provide the requested information may result in delay in plan enrollment or claims processing. You may not be able to participate in certain benefit programs if you do not provide the requested information.

TVA uses the requested information to provide and administer its employee benefit programs. Information may be provided to TVA consultants, contractors, and subcontractors who are engaged in providing services or supporting TVA in these areas. Information may also be used in studies and evaluation of TVA's benefit programs, to the extent necessary to the performance of such studies and evaluation, should a dispute arise or congressional inquiry be made concerning TVA's employee benefit programs; for oversight or similar purposes; and for corrective action, litigation, or law enforcement, or in response to process issued by a court of competent jurisdiction. Information provided, including information that you provide for claims reimbursement, may also be used in and verified through a computer match. Additional disclosures may be made as required or permitted by the Freedom of Information Act.

This booklet explains the plan in general terms and does not give details of all terms of the plan. In the event that any conflict should occur between the wording contained in this booklet and the official plan document, the official plan document will serve as the final authority in all matters relating to plan interpretations.

Copies of the plan document are available for review by all members of the plan. They can be examined in the Employee Benefits office, Knoxville, during normal working hours.

You may obtain a copy of the plan document by submitting a written request to the Employee Service Center, Knoxville. A reasonable fee may be charged for all copies provided.

Although TVA expects and intends to continue this plan indefinitely, as well as the separate coverages available under it, the plan, the separate benefit plans, or any provisions contained therein may be amended or terminated by TVA at any time.

For alternate formats of this document, call 865-632-6824
and allow five working days for processing.